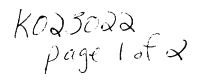
OCT 0 4 2002

510(k) Summary Bionx Implants Inc. NuGenTM FX Screw



Submitter's Name, Address, Telephone Number, and Contact Person

Bionx Implants, Inc. 1777 Sentry Parkway West Gwynedd Hall, Suite 400 Blue Bell, PA 19422

Contacts: Gerard S. Carlozzi

President and Chief Executive Officer

Phone: (215) 643-5000 Facsimile: (215) 653-0984

Bionx Implants Ltd.

Tuija Annala

Director, Quality and Regulatory Affairs

P.O.Box 3

FIN-33721 Tampere

Finland

Phone: 358-3-316 5679 Facsimile: 358-3-316 5629

Date prepared: December 19, 2001

Name of the device:

A. Trade or Proprietary Name: NuGen™ FX Screw

B. Common Name: Bioabsorbable, Threaded, Fixation RodC. Classification Name: Biodegradable fixation fastener, bone

D. Device Product Code: HWC

Predicate Devices:

Bionx Implants Inc. Biofix® Bioabsorbable SR-PLLA Threaded Fixation Rod (K952471)

Bionx Implants Inc. Biofix® Bioabsorbable, Threaded, Distal Radius Screw (K974876, K992947)

Bionx Implants Inc. SmartScrewTM (K003077) Bionx Implants Inc. SmartScrewTM (K012001)

Intended Use: KO23022 Page 2 of 2

NuGen™ FX Screw is generally intended for maintenance of alignment and fixation of fractures, osteotomies, arthrodeses or condylar grafts within the condylar aspects of the upper extremity, ankle and foot, in the presence of appropriate brace and/or immobilization. Specifically, it is intended for phalangeal fusion and fracture, metacarpal fusion and fracture, carpal fusion and fracture, wrist arthrodesis, Distal radius fractures, olecranon fractures, radial head fractures, humeral condylar fractures, cancellous fractures and osteotomies of the malleolus, ankle fractures, metatarsal osteotomies and correction of hallux valgus.

The NuGen™ FX Screw is not intended for use in and is contraindicated for: 1) Fractures and osteotomies of cortical bone (except those in the hand and foot) and proximal femoral fractures, 2) Situations where internal fixation is otherwise contraindicated, e.g., active or potential infection and where patient co-operation cannot be guaranteed (e.g. alcoholism).

Device Description:

NuGenTM FX Screw is composed of poly-L,D-lactide copolymer. It is supplied partly threaded with 3.5mm in diameter, lengths 14-40mm and 4.5mm in diameter, lengths 24 – 70mm.

Substantial Equivalence:

NuGen[™] FX Screw has the following similarities to the cleared SmartScrew (K003077):

- has the same indicated use
- uses the same operating principle
- incorporates the same basic design of thread
- utilizes the same basic dimensions
- is packaged and sterilized using the same materials and processes
- has the same shelf life

This raw material and design of head of screw are already introduced with fully threaded screw model (K012001).

The predicate device is the Bionx Implants Inc. SmartScrew[™] (K952471, K974876, K992947, K003077, K012001). These devices have very similar principles of operation and technological characteristics.

In summary, the NuGenTM FX Screw described in this notification is, in our opinion, substantially equivalent to the predicate devices. Furthermore, the minor technological differences between the NuGenTM FX Screw and the predicate devices do not raise any new issues of safety or effectiveness.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 0 4 2002

Mr. Gerard S. Carlozzi
President and Chief Executive Officer
Bionx Implant, Inc.
1777 Sentry Parkway West
Gwynedd Hall, Suite 400
Blue Bell, Pennsylvania 19422

Re: K023022

Trade Name: NuGen™ FX Screw Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth or threaded metallic bone fixation fastener

Regulatory Class: II Product Code: HWC Dated: August 16, 2002

Received: September 11, 2002

Dear Mr. Carlozzi:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

INDICATIONS FOR USE

510(K) Number (if known): KOJ3000

Device Name:	NuGen™ FX Screw
Indications for Use:	
fixation of fractures, oster aspects of the upper extra and/or immobilization. Sometacarpal fusion and fractures, olecrate fractures, cancellous fractures, cancellous fractures.	w is generally intended for maintenance of alignment and otomies, arthrodeses or condylar grafts within the condylar emity, ankle and foot, in the presence of appropriate brace. Specifically, it is intended for phalangeal fusion and fracture acture, carpal fusion and fracture, wrist arthrodesis, Distanton fractures, radial head fractures, humeral condylate tures and osteotomies of the malleolus, ankle fractures decorrection of hallux valgus.
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Concurrence	of CDRH, Office of Device Evaluation (ODE)
Prescription Use(Per 21 CFR 801.109)	OR Over-The-Counter Use
	(Division Sign-Off) Division of General, Restorative and Neurological Devices 510(k) Chamber KOB3022